

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/3/01
FORMALITY REVIEW	AK	931	02/28/01
RESPONSE FORMALITY REVIEW	LT	907	6-29-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Excluded to proper history

Claim	Final	Original	Date
1	✓	02/03	02/03
2	✓	02/03	02/03
3	✓	02/03	02/03
4	✓	02/03	02/03
5	✓	02/03	02/03
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7	✓	02/03	02/03
8	✓	02/03	02/03
9	✓	02/03	02/03
10	✓	02/03	02/03
11	✓	02/03	02/03
12	✓	02/03	02/03
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36	✓	02/03	02/03
37	✓	02/03	02/03
38	✓	02/03	02/03
39	✓	02/03	02/03
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47	✓	02/03	02/03
48	✓	02/03	02/03
49	✓	02/03	02/03
50	✓	02/03	02/03

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42	✓	02/03	02/03
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48	✓	02/03	02/03
49	✓	02/03	02/03
50	✓	02/03	02/03

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)